



## 2015 MOBILE FOOD UNIT AND/OR PUSH CART VENDOR BUSINESS LICENSE APPLICATION

Office of the City Clerk - Business Services

150 West Jefferson Street

Joliet, Illinois 60432

Office 815-724-3905 Fax 815-724-3904

Website: [www.cityofjoliet.info](http://www.cityofjoliet.info) Email: [businessservices@jolietcity.org](mailto:businessservices@jolietcity.org)

**Office Use Only:**

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Control Number: \_\_\_\_\_

***This application pertains to the following type of businesses:*** Mobile Food and/or Push Cart Vendors.

Please print legibly. All information and supplemental information must be completed and submitted. **Incomplete forms will be returned.** Please allow a minimum of ten business days for processing.

New Business: \_\_\_\_\_ Renewal: \_\_\_\_\_ Change of Ownership: \_\_\_\_\_ Expansion: \_\_\_\_\_

Proposed Opening Date: \_\_\_\_\_ Date Opened: \_\_\_\_\_

### **GENERAL INFORMATION**

#### ***LOCAL BUSINESS INFORMATION***

Business Name: \_\_\_\_\_

Store Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): \_\_\_\_\_

Emergency Phone (after hours): \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ***CORPORATE BUSINESS INFORMATION***

Corporate Name: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): \_\_\_\_\_

## **BUSINESS OPERATION INFORMATION**

General description of business: \_\_\_\_\_

Type of merchandise to be sold: \_\_\_\_\_

Average value of inventory: \_\_\_\_\_

Explain how the business will be conducted (goods sold from out of truck or push cart):

\_\_\_\_\_

Dates of operation (start and end): \_\_\_\_\_

Hours of operation: \_\_\_\_\_

## **BUSINESS OWNERSHIP INFORMATION**

Provide the following information regarding how the business was created and is owned:

\_\_\_ Individual    \_\_\_ Partnership    \_\_\_ Limited Liability Corporation (LLC)    \_\_\_ Corporation

Legal Business Name: \_\_\_\_\_

If this is a ***partnership***, provide name, address, and telephone number of all partners. If this is an ***LLC***, provide the names, addresses and percentage of ownership held by each member. If this is a ***Corporation***, provide the names and addresses of all persons holding three percent (3%) or more of the stock of the corporation and the percentage of ownership held by each member. If additional space is needed, add a separate page.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Percentage Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Percentage Ownership: \_\_\_\_\_

## **ADDITIONAL INFORMATION TO BE PROVIDED AT TIME OF SUBMITTAL**

The following items must be submitted with the application:

- Completed vehicle/pushcart information sheet
- Valid state issued driver's license for those driving mobile food units
- Valid government issued photo ID of each worker utilizing a pushcart
- Applicable county health department certificate
- Proof of valid insurance

### **General Regulations:**

- Mobile food units and/or push carts shall move from place to place upon the public right-of-ways and shall not be operated at a fixed location except as otherwise provided herein.
- Stops shall be made only to service customers and shall not exceed a total of thirty (30) minutes in any one block. No such unit shall traverse any such block more often than twice in any given day.
- It shall be unlawful for a person or corporation to operate a mobile food unit and/or push cart unless such person or corporation possesses a valid license issued by the City of Joliet.
- No operator of such unit shall park or stand such vehicle within 500 feet of a school or school playground while school is in session or during any time school activities are taking place.
- No sale shall be made from any such unit except when such vehicle is lawfully parked at the right hand street curb. Sales shall not be made from the left hand side of the vehicle.

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet's business license.

\_\_\_\_\_  
Name of applicant (print)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Title of applicant

\_\_\_\_\_  
Date

## **2015 Vehicle/Pushcart Information Sheet**

Please provide the following information for each vehicle and/or pushcart to be operated in the City of Joliet. Each user must supply legible copy of valid government issued photo ID or driver's license. Use additional sheets if needed. Please print legibly.

Total number of vehicles and/or pushcarts used in the City of Joliet: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Primary user name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Primary user name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Primary user name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Primary user name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Primary user name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Primary user name: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

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